

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

460

-62-014258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Joseph

Length of stay in 1b

34 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Josephs Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

OR
TOWN St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
224 W. Isabelle

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

CATHERINE

Middle

THERESA

Last

MORRISON

4. DATE OF DEATH

Month

April 18, 1962

Day

Year

5. SEX

female

6. COLOR OR RACE

white

7. Married

Widowed ☐

8. DATE OF BIRTH

11/11/1888

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Kohrs

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

John Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

John Morrison, 224 W. Isabelle, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral hemorrhage, rt

INTERVAL BETWEEN ONSET AND DEATH

2 da

DUE TO (b)

arterial hypertension

3 yr

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour, a.m., p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-59

1:45 a.

to 4-18-62

and last saw her alive on 4-17-62

21. Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. F. Chiaro, M.D.

22b. ADDRESS

Dr. Bldg. 1302 James

22c. DATE SIGNED

4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/20/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph Missouri

24. FUNERAL DIRECTOR

W. K. Bowman

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 25, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 5th St. St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.